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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/112,698 08/27/1998  
and claims benefit of 60/138,551 06/10/1999

*VERIFIED*  
*JS*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None*  
*JS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/24/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY FL	SHEETS DRAWING 11	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 5
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## TITLE

AUDIO CASSETTE EMULATOR

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